



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

## MEMORANDUM

**Date:** March 31, 2024  
**To:** Johnnie Mae Peters, Program Operations Administrator, Finance and Banking  
**From:** *YR* Yndia Rutland, Regulatory Analyst Supervisor  
**Subject:** Retroactive Nursing Facility Per Diem Rates

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We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	FORT MYERS REHABILITATION AND NURSING CENTER	0 163903-00	FA	1
2.	CROSS CITY NURSING AND REHABILITATION CENTER	0 173314-00	CS	1
3.	MANOR CARE @ LELY PALMS	0 325422-00	FA	1
			<b><u>Total:</u></b>	3

If you have any questions regarding the above, contact Nairobi Robinson at [Nairobi.Robinson@ahca.myflorida.com](mailto:Nairobi.Robinson@ahca.myflorida.com).

NR/kg



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
016390300	20170901	264.74	0.00	264.74	264.74	94445-24	NH16-186C
017331400	20170901	212.27	0.00	212.27	212.27	94445-24	
032542200	20170901	236.05	0.00	236.05	236.05	94445-24	NH16-083C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

FORT MYERS REHABILITATION AND NURSING CENTER  
7173 CYPRESS DRIVE SW  
FORT MYERS, FL 33907-2994

Provider Number: 0 163903-00  
Date: 11/13/2020  
Fiscal Year End: 6/30/2016  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**263.38**      **264.74**      **9/1/2017**

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-186C FYE 6/30/2016	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

Home Office:

No Home Office

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

CROSS CITY NURSING AND REHABILITATION CENTER

583 NE 351 HWY

CROSS CITY, FL 32628

Provider Number:

0 173314-00

Date:

2/21/2024

Fiscal Year End:

6/30/2017

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**243.81**

New  
Rate

**212.27**

Effective  
Date

**9/1/2017**

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 06/30/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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**Medicaid Reimbursement Per Diem Rates**

MANOR CARE @ LELY PALMS

6135 RATTLESNAKE HAMMOCK ROAD

NAPLES, FL 34113

Provider Number:

0 325422-00

Date:

1/12/2021

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**236.02**

New  
Rate

**236.05**

Effective  
Date

**9/1/2017**

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Field Audit #NH16-083C FYE 12/31/2015

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Toledo, OH 43604